MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

100/521873

FILING DATE

APPLICANT(S)

Cl	ĹA	П	И	S

						C
	AS	AS FILED		AFTER 1"AMENDMENT		TER Indment
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
3	 	+ ′/-	 -	}		
4		 	{	 -	 	
5		1-7			 	
6		7				
7	 	1				
<u>8</u> 9	 	+-			-	
10	1	1 7				
11				 		
12						
13	 					
14 15		 			-	
16	1 /	 - ' - 				
17	1	1				
18						
19	 					
20 21	 	 				
22	 	 				
23	1	 				-
24		7				
25						
26 27	├──					
28	 -	 				
29	i	 				
30						
31						
32 33	 					·
<u>33</u> 34						
35						-
36						-
37						
38 39	 -	 			T	
40	ļi	 				
41			$\neg +$		 +	
42						
43						
44 45						
46			\dashv	-- $+$		
47						
48						
49	-					
50	2)			 -{		
OTAL IND.	4	4		4		4
OTAL DEP	24	26 6		_ du [Sa
TOTAL	287		Į.		19	
CLAIMS	<u> </u>			2065		2020

PTO - 1360 (REV 11mm

	AS F	AS FILED		AFTER SAMENDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	ļ					- 221.	
52 53	 	 	!				
54	├						
55	 	-					
56							
57							
58	 						
59 60	 						
61							
62							
63							
64 -							
65							
66 67							
68							
69							
70							
71							
72							
73 74							
75							
76						{	
77							
78							
79							
80 81			 -				
82		-				- ⊶[
83					-		
84							
85							
86 87		_`					
88	 						
89							
90						1	
91							
92 93							
93	 -						
95						 	
96			-+				
97							
98							
99 100	 -						
			 -	 }			
OTAL IND.		♣		4		4	
TOTAL	158	(21		ER PROPERTY AND ADDRESS OF THE PERTY ADDRESS	12	(a)	
CLAIMS			ENT of COV		200		

BEST AVAILABLE COPY

U.S. DEPARTMENT of COMMERCE